

Peer Recovery Specialists Survey 2021 Full Report

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Maryland Behavioral Health Administration

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Introduction

This survey was conducted by University of Maryland Baltimore Systems Evaluation Center (SEC) for the Maryland Behavioral Health Administration (BHA). The purpose of the survey is to explore issues that are affecting Maryland's Peer Recovery Specialist (PRS) workforce related to supervision, job satisfaction, credentialing, and career development. This project was developed and implemented by the SEC in close collaboration with the BHA and the University of Maryland Baltimore Training Center.

The evaluation questions addressed through this project included:

1. What are the challenges that individuals are facing in applying for, achieving, and maintaining their credentialing as a Peer Recovery Specialist?
2. What facilitates and/or impedes the professional advancement of Peer Recovery Specialists?
3. Who is providing Peer Recovery Specialist supervision and is it sufficient?
4. What retention issues are there for Peer Recovery Specialists?
5. What supports do Peer Recovery Specialists need to be successful?

The information will be used by BHA to address challenges to credentialing, professional advancement, and supervision and to develop strategies aimed at supporting and retaining Peer Recovery Specialists in the behavioral health field.

Methods

The desired respondents for this project were Peer Recovery Specialists working or volunteering in behavioral health settings across Maryland. Eligible respondents were those currently working or volunteering as a PRS and those who had done so within the last five years. Invitations to complete the survey were disseminated by BHA administrators via e-mail through multiple agencies and organizations. Data was collected via an online questionnaire; data collection lasted for approximately ten weeks.

Quantitative data was analyzed using descriptive statistics such as frequency distribution and averages. Qualitative data was analyzed using an emergent theme approach. This approach allows topics to surface naturally from the data itself (rather than imposing pre-determined themes on the data). Please see Appendix A for detailed information about project methods and questionnaire development. A copy of the questionnaire and Disclosure Statement may be found in Appendix B and Appendix C respectively.

Results

Sample and Question Completion

A total of 480 individuals responded to the survey. Of these, 131 were not eligible and 64 did not provide sufficient useable data (e.g., did not answer at least 10 of the 62 questions). This provided 285 questionnaires for analysis. It is not possible to calculate an overall response rate for the project because the total number of eligible respondents in Maryland is unknown.

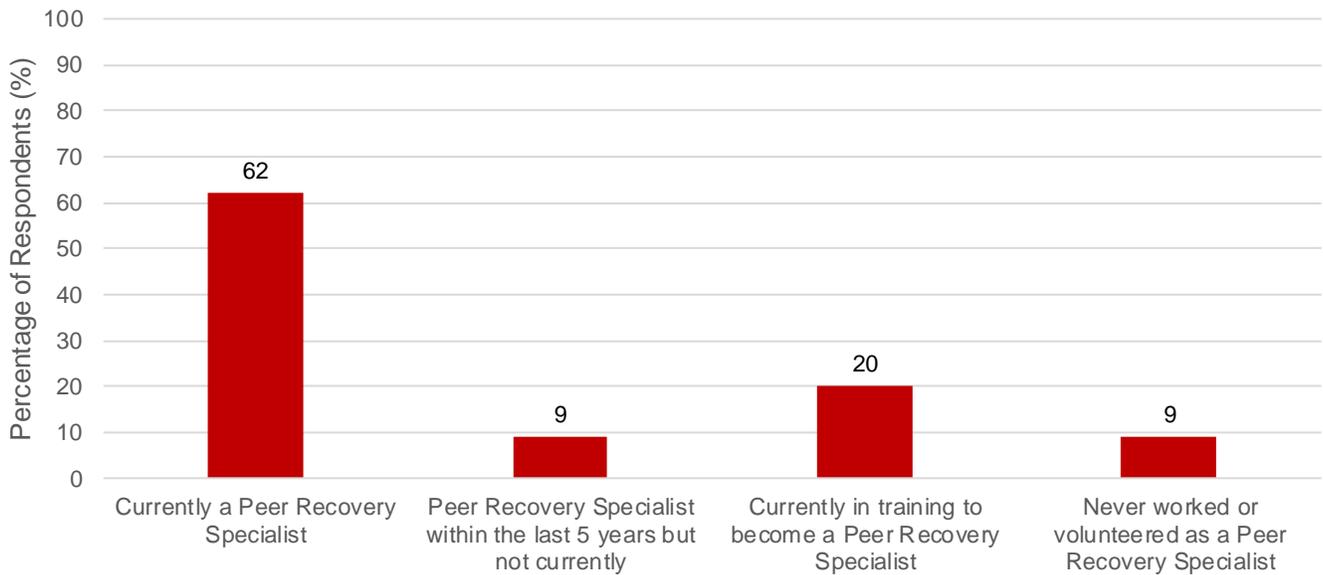
The survey questions were optional and respondents could choose to skip a question if they desired. The only mandatory questions were the screening questions at the beginning of the survey used to determine eligibility. The average completion rate for all items in the questionnaire was 89%. The proportion of respondents answering any given item ranged from 99% to 81%. The section on Current Work Environment had the highest completion rate and the Credentialing section had the lowest rate. In general, item response rates declined slightly with each section from the beginning to the end of the survey. Please see Appendix D for a graph detailing the completion percentage for each individual question. Because survey respondents often skip open-

ended items, the percentage response for each individual question. Because survey respondents often skip open-ended items, the percentage response for each of those items has not been calculated. However, the number of responses received to each of those questions is included in the description of the results throughout this report.

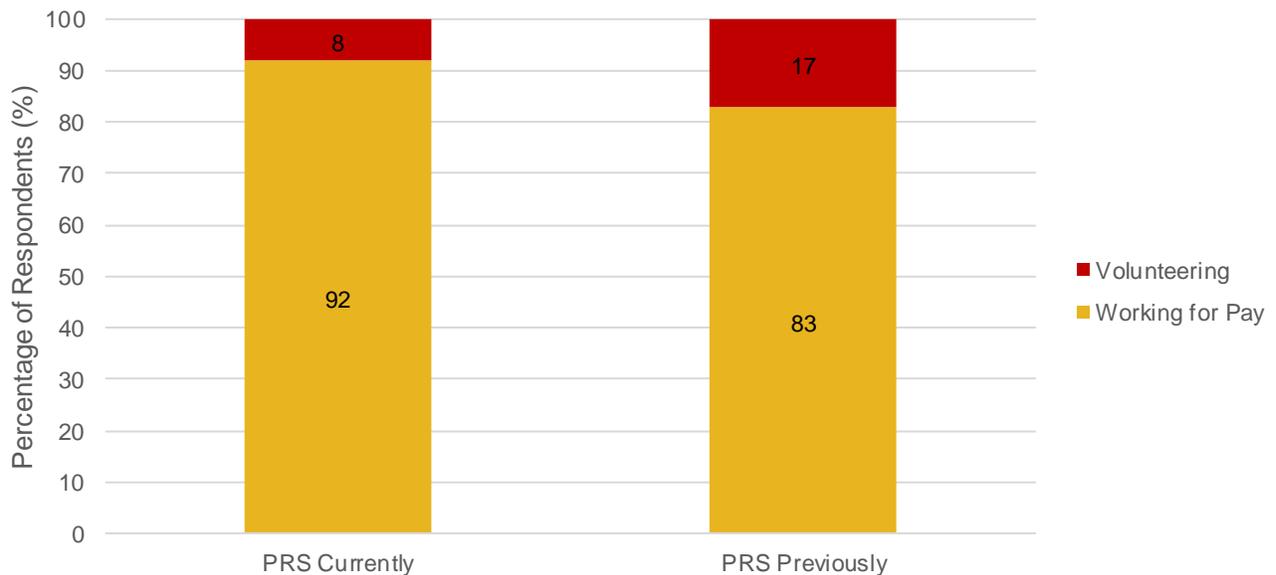
Survey Respondent Characteristics

Respondents were asked about their current or past status as a Peer Recovery Specialist (PRS), as well as their years of experience working in that role.

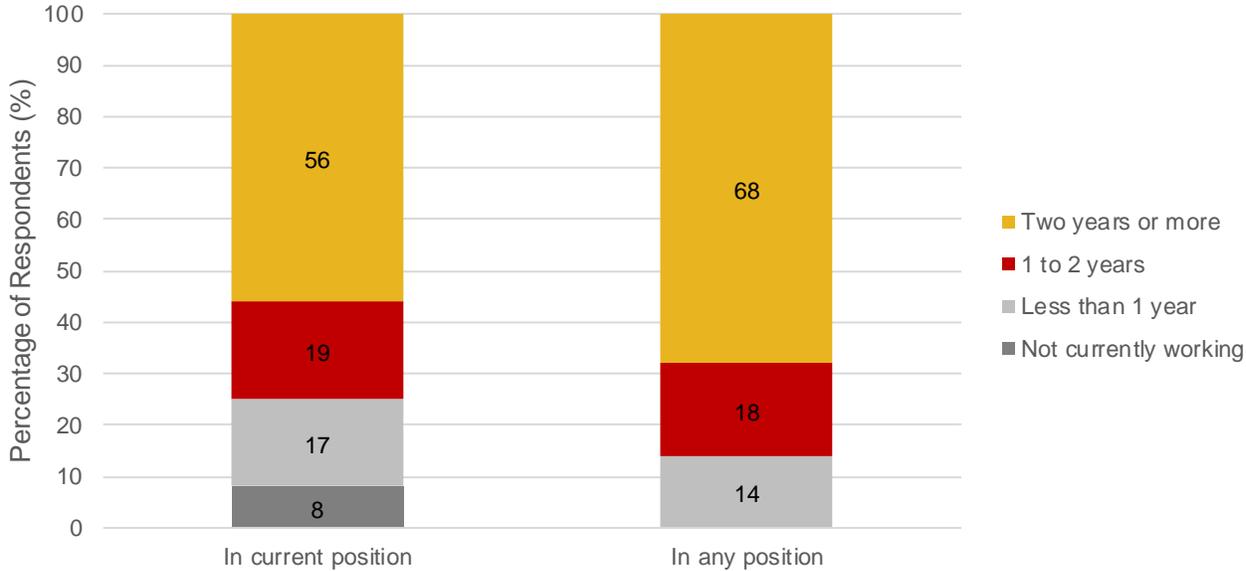
Current PRS Status



PRS Employment Status



Years PRS Experience

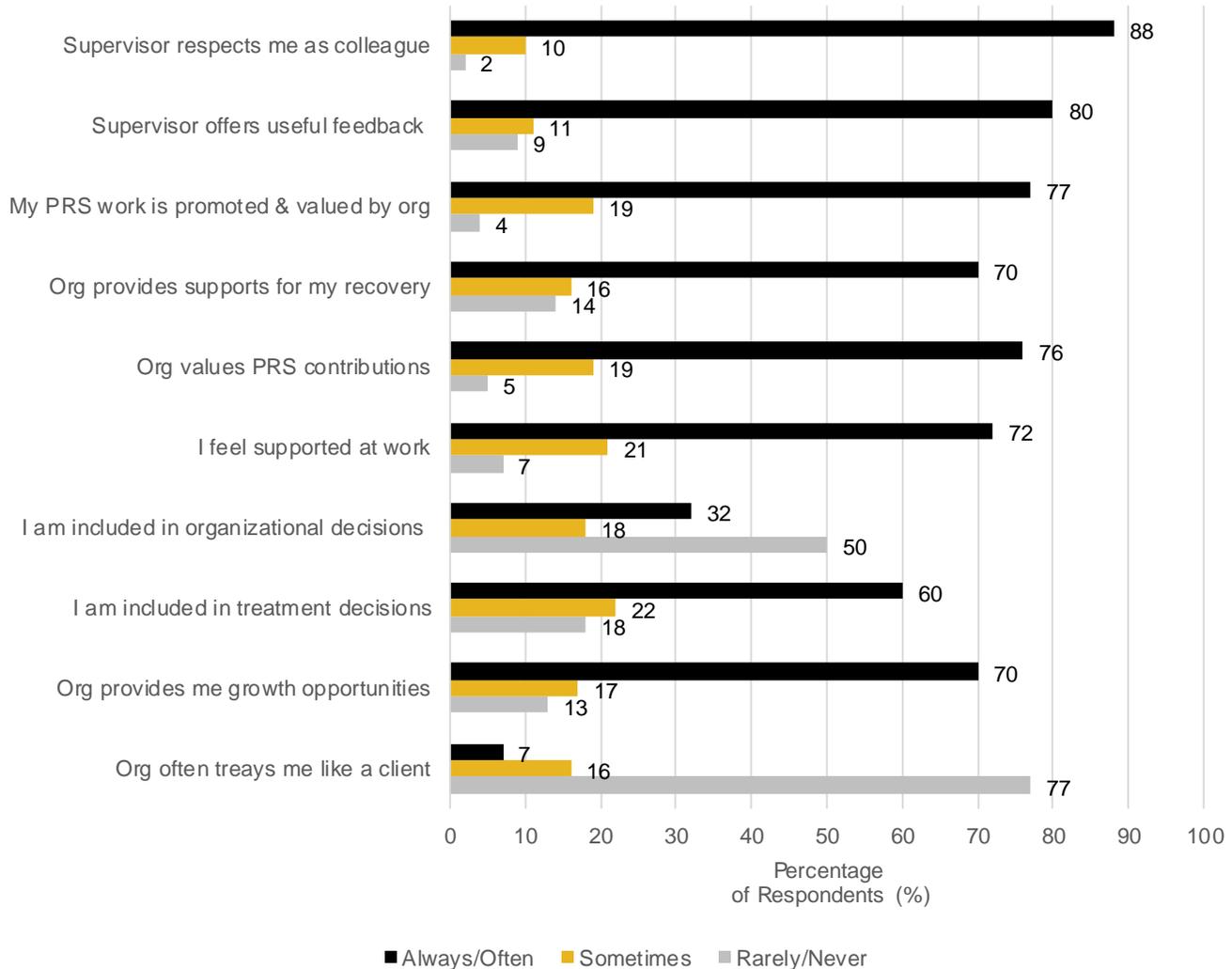


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Work Environment

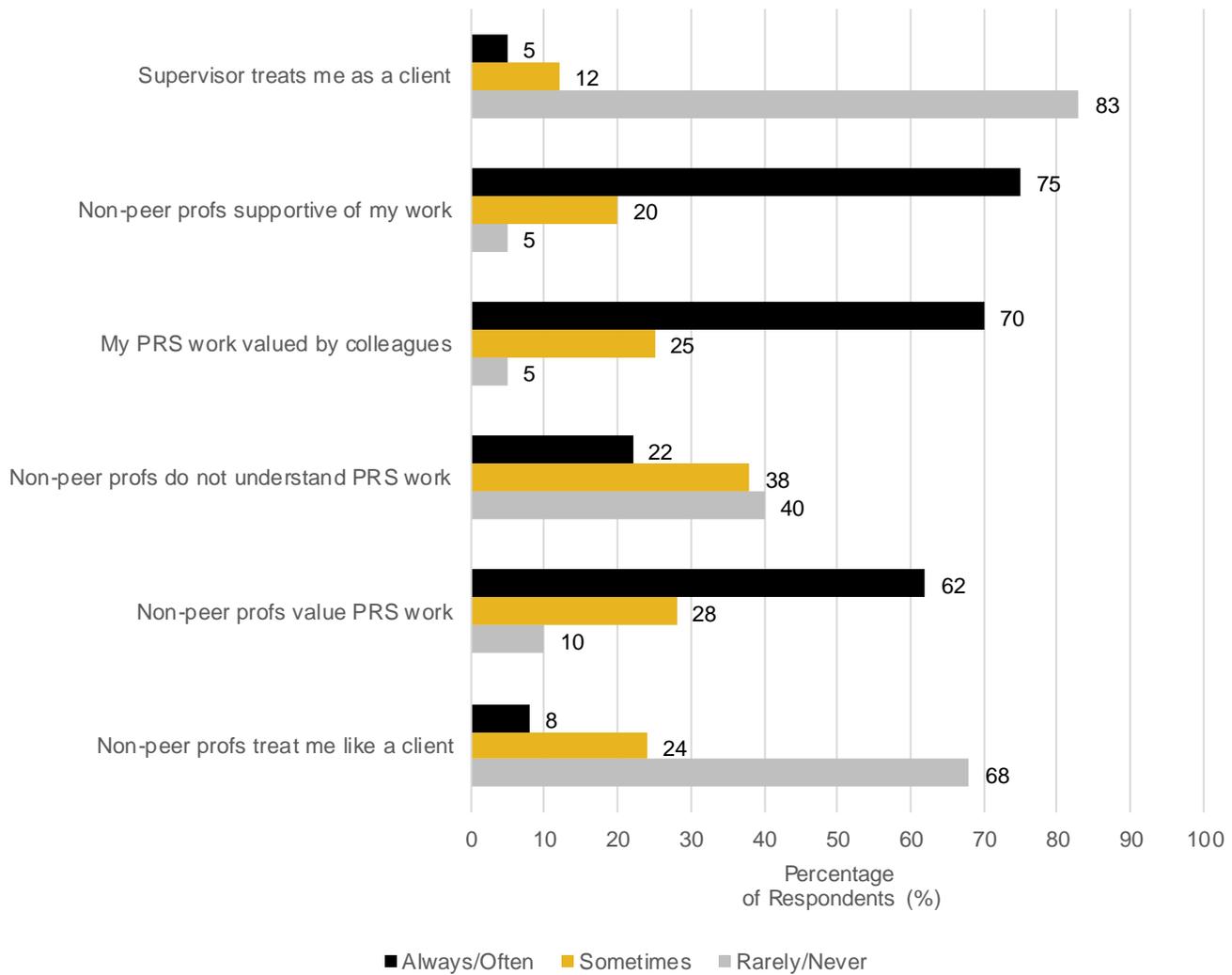
Respondents were asked a series of questions related to their opinions regarding their current work environment. The results for these items are presented in the graphs below. The items are grouped according to identified factors. Abbreviations are listed beneath the graph for reference.

Organizational Culture and Climate



- *Org = employing organization*

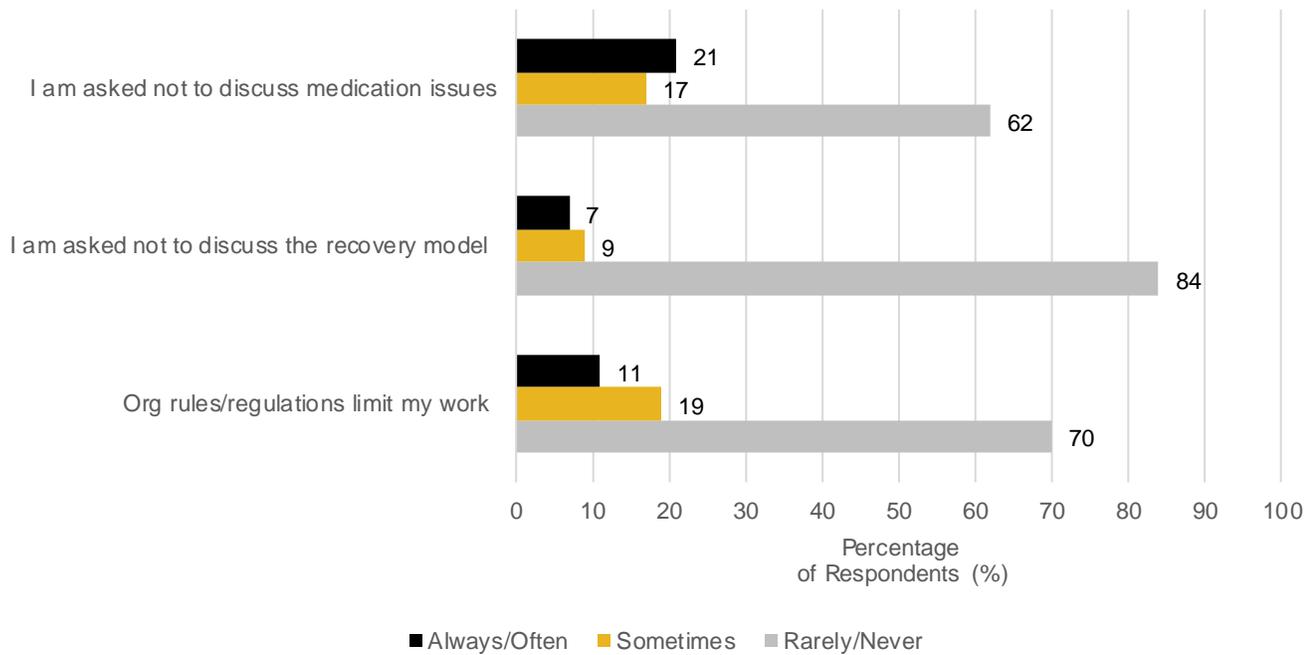
Professional Prejudice



- *Non-peer profs = non-peer professionals such as psychiatrists, social workers, with whom PRS collaborate on behalf of individuals that they assist*

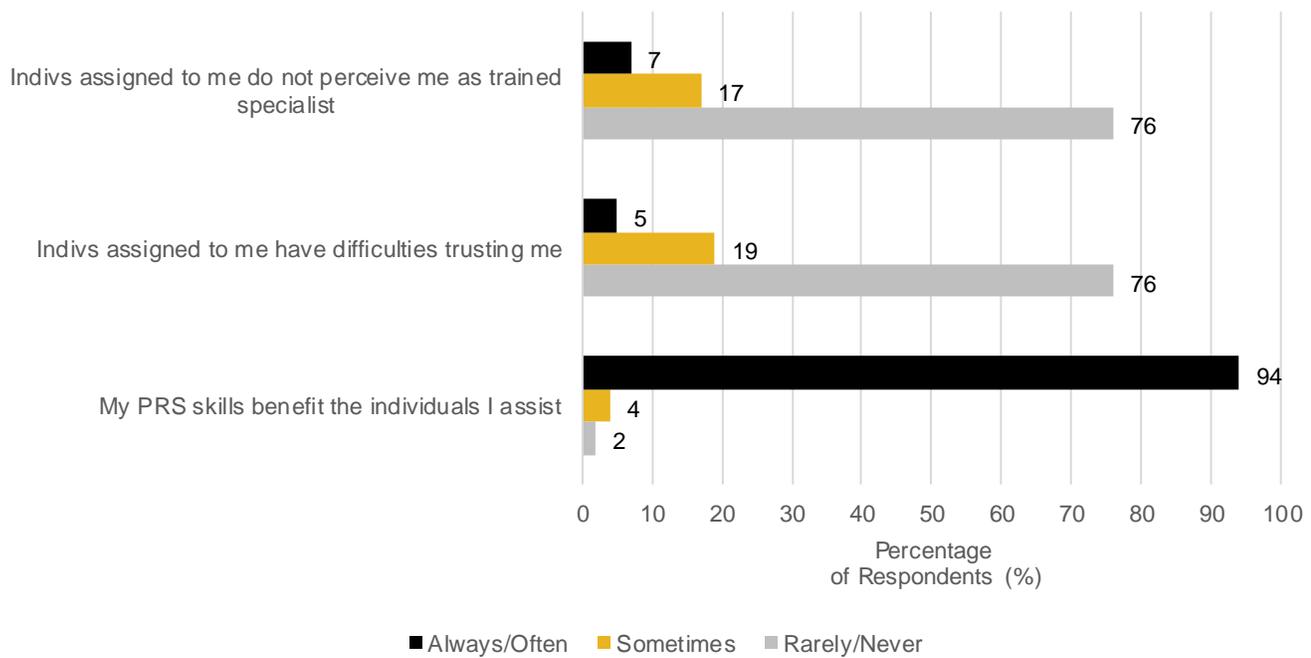
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Non-Recovery Principles



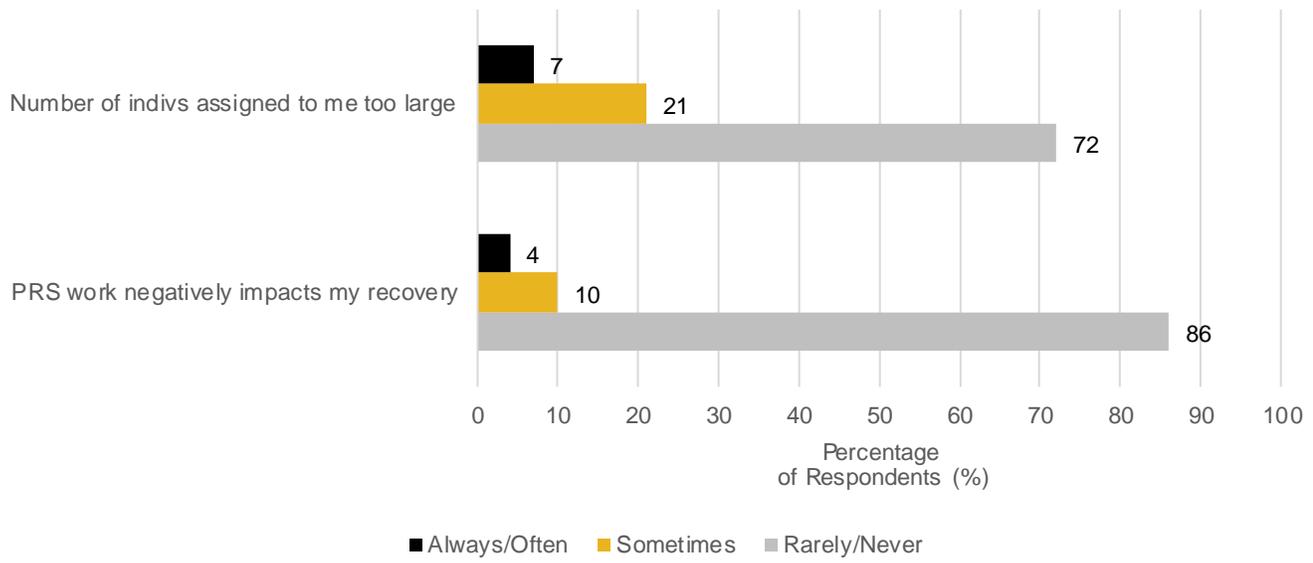
- *Org = employing organization*

Working Alliance



- *Indivs = individuals*

Burnout



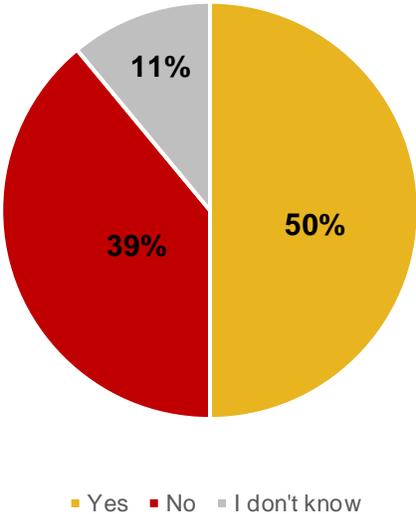
- *Indivs = individuals*

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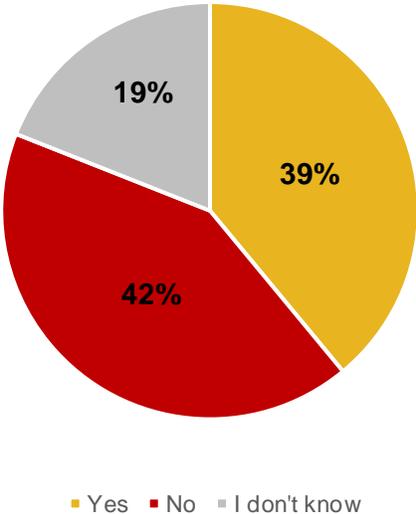
Supervision

Respondents were asked a series of questions regarding the supervision they receive. The results for most items are presented in the graphs below; the themes identified for the open-ended items are also described.

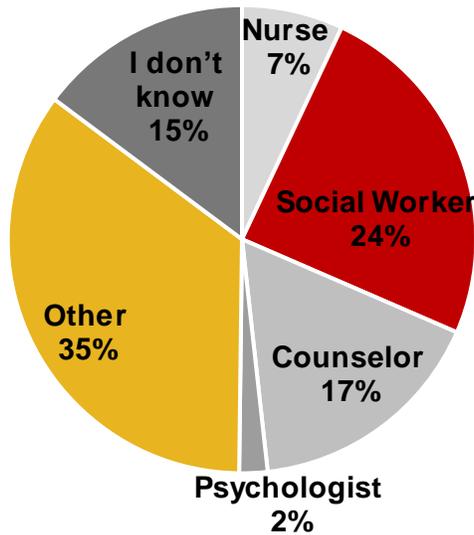
Supervisor Is Registered Peer Supervisor



Supervisor Has Lived Experience



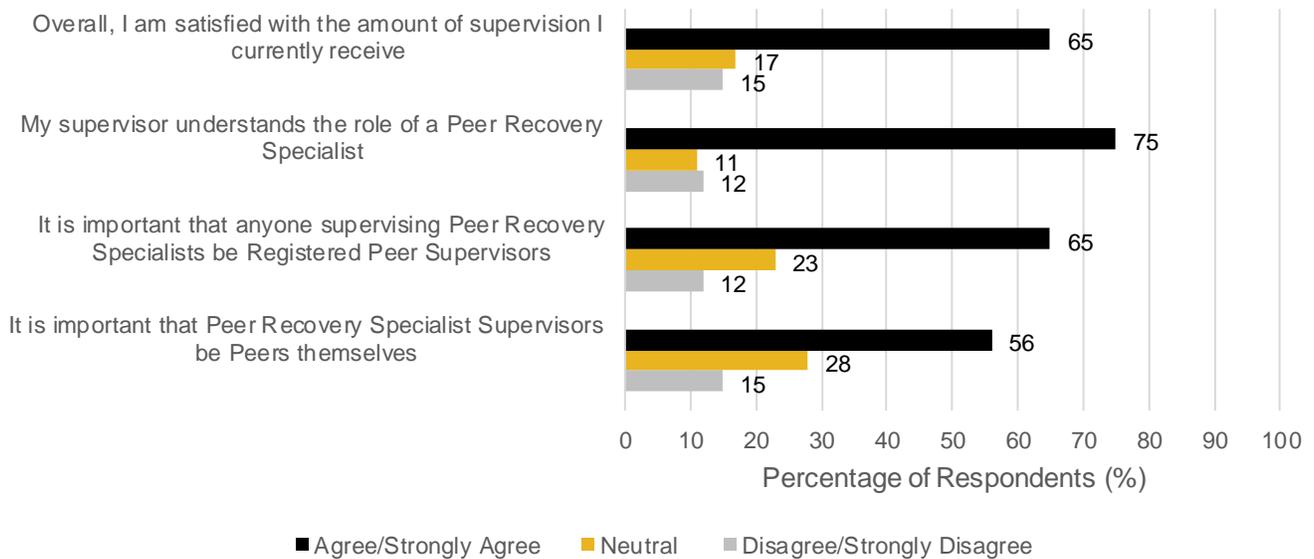
Supervisor Professional Discipline



For those who indicated “Other,” the following disciplines were listed (number of respondents in parentheses):

- Administrator (32)
- Peer Supervisor or Registered Peer Supervisor (21)
- Peer (18)
- Other (13)
- Behavioral Health Professional Not Specified (6)
- Student/Trainee (3)
- Healthcare Worker (3)

Opinions Regarding Supervision



This section of the questionnaire asks respondents to agree or disagree with the statements along a Likert scale that includes Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1), and Not Applicable (0). Twenty-one respondents selected the option of Not Applicable. In addition to the frequencies presented in the above graph, descriptive statistics such as the range, mode, mean, and standard deviation are available for this item. The range is the lowest and highest values of the responses received for this item. The mode is the most frequent response. The mean is the average. The standard deviation describes the variability of the data or how close or far away the data is to the average of the group. This information is presented in the following table.

Questions	Range	Mode	Mean	Standard Deviation
Overall, I am satisfied with the amount of supervision I currently receive	1-5	5	3.0	1.7
My supervisor understands the role of a Peer Recovery Specialist	1-5	5	3.4	1.8
It is important that anyone supervising Peer Recovery Specialists be Registered Peer Supervisors	1-5	5	3.3	1.7
It is important that Peer Recovery Specialist Supervisors be Peers themselves	1-5	5	3.0	1.6

Open-ended items related to supervision:

What does your current supervisor do that is helpful?

A total of 225 respondents answered this question. The most common themes identified in the responses are listed below, with the number of responses associated with each in parentheses. Information regarding all of the themes identified may be found in Appendix E - Helpful Supervision.

- Support (80)
- Communication (57)
- Education and training (37)
- Mentorship (36)

Numerous respondents indicated that they found it helpful when supervisors provided them with support and assistance to perform their duties. This includes providing consultation related to clinical issues or work-related information and offering suggestions on handling situations with clients. Another common theme was communication. Several respondents mentioned that their supervisor maintained open lines of communication and responded in a timely manner. Respondents also appreciate it when supervisors make themselves available when they request assistance with clients, work related issues, or selfcare or personal concerns.

Several respondents indicated that their supervisors provided training resources (both in-house or external) or were willing to approve for them to complete their trainings. Also mentioned as helpful were the feedback or work and career guidance that supervisors provided. Some respondents offered that mentorship from their supervisors was helpful. This may take the form of motivation to perform well at work, encouragement to look for and providing opportunities for growth, or recognition for good performance.

“My supervisor always looking out for my recovery by checking in with me when I may seem overwhelmed. I feel comfortable to bring it up. My supervisor looks for trainings and supports me fully with everything I do. I feel very valued and supported by my supervisor. My supervisor always has my back”.

“Always supportive of us, she is not in recovery herself but always wants to get an understanding from our perspective, asks what we need to do our job more efficiently and almost always makes those needs happen, mindful of our own recovery as well as the clients”.

Is there anything that you are not getting in your supervision that you need?

A total of 196 respondents answered this question. Their responses are categorized by theme below, with the number of responses associated with each in parentheses. Information regarding all of the themes identified may be found in Appendix F - Supervision Needs.

- Nothing Needed (80)
- Inadequate Supervision (28)
- Knowledgeable Supervision (21)
- Education (16)

Many respondents indicated that they were obtaining what they needed from their supervision. However, there were several who reported that they were getting inadequate supervision. Examples included supervisors who did not provide clear guidance or feedback. Some respondents complained that their supervisors were not knowledgeable about the PRS role or the recovery model and this lack of understanding was reflected in their programming decisions. Several mentioned the need for supervisors to provide training resources, on the job training, and performance feedback, or assistance with workplace soft skills.

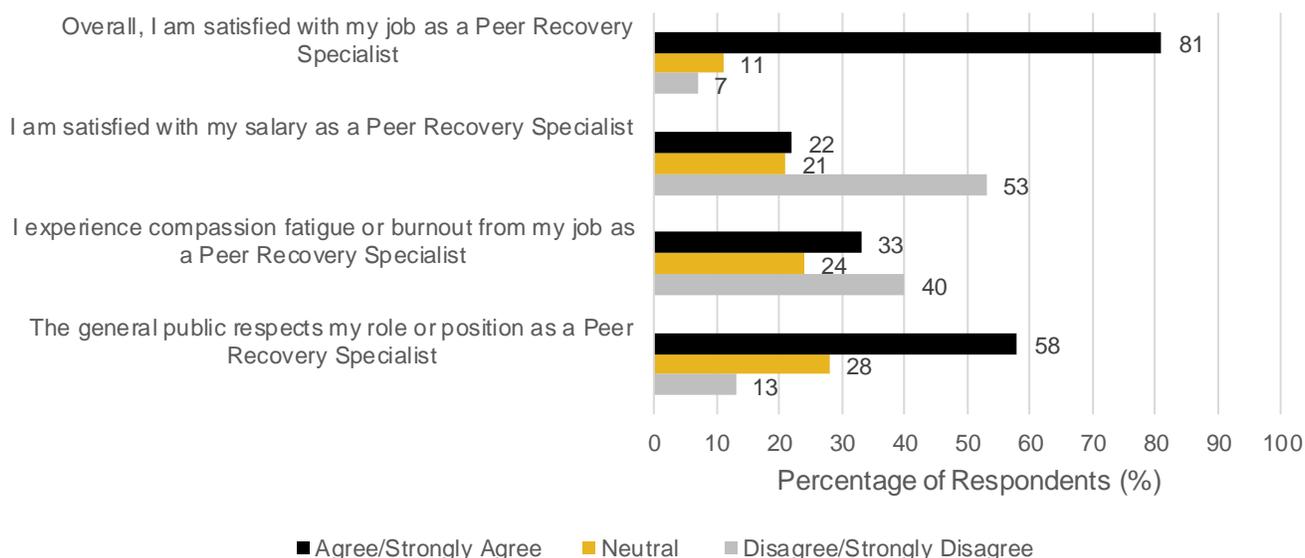
“Regular contact, inclusion, support - I don't think she has a clue about what I do or could do”.

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Job Satisfaction

Respondents were asked a series of questions related to their opinions regarding their job satisfaction. The results for most items are presented in the graphs below; the themes identified for the open-ended item are also described.

Job Satisfaction



This section of the questionnaire asks respondents to agree or disagree with the statements along a Likert scale that includes Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1), and Not Applicable (0). Twenty-four respondents selected the option of Not Applicable. In addition to the frequencies presented in the above graph, descriptive statistics such as the range, mode, mean, and standard deviation are available for this item. The range is the lowest and highest values of the responses received for this item. The mode is the most frequent response. The mean is the average. The standard deviation describes the variability of the data or how close or far away the data is to the average of the group. This information is presented in the following table.

Questions	Range	Mode	Mean	Standard Deviation
Overall, I am satisfied with my job as a Peer Recovery Specialist	1-5	5	3.6	1.5
I am satisfied with my salary as a Peer Recovery Specialist	1-5	2	2.1	1.1
I experience compassion fatigue or burnout from my job as a Peer Recovery Specialist	1-5	2	2.3	1.0
The general public respects my role or position as a Peer Recovery Specialist	1-5	2	3.0	1.3

Open-ended item related to job satisfaction:

What do you like best about being a Peer Recovery Specialist?

A total of 201 respondents answered this question. The most common themes identified in the responses are listed below, with the number of responses associated with each in parentheses. Information and description about all of the themes identified may be found in Appendix G – What Like Best About Being a PRS.

- Like helping others (108)
- Serve as an example (39)
- Provide hope (32)
- Witness success (28)
- Community and personal connection (25)

A significant proportion of respondents mentioned that helping other peers is the main reason they like being a PRS. The work affords them the opportunity to help peers improve their lives and also contributes to the PRS' own community. Several respondents indicated that being a PRS allows them to use their lived experiences to serve as an example of recovery for the people that they engage. A number also reported that they like providing hope, understanding, care and/or compassion to people living with behavioral health issues. Several indicated that they find it rewarding to witness people improve in their recovery or see success stories.

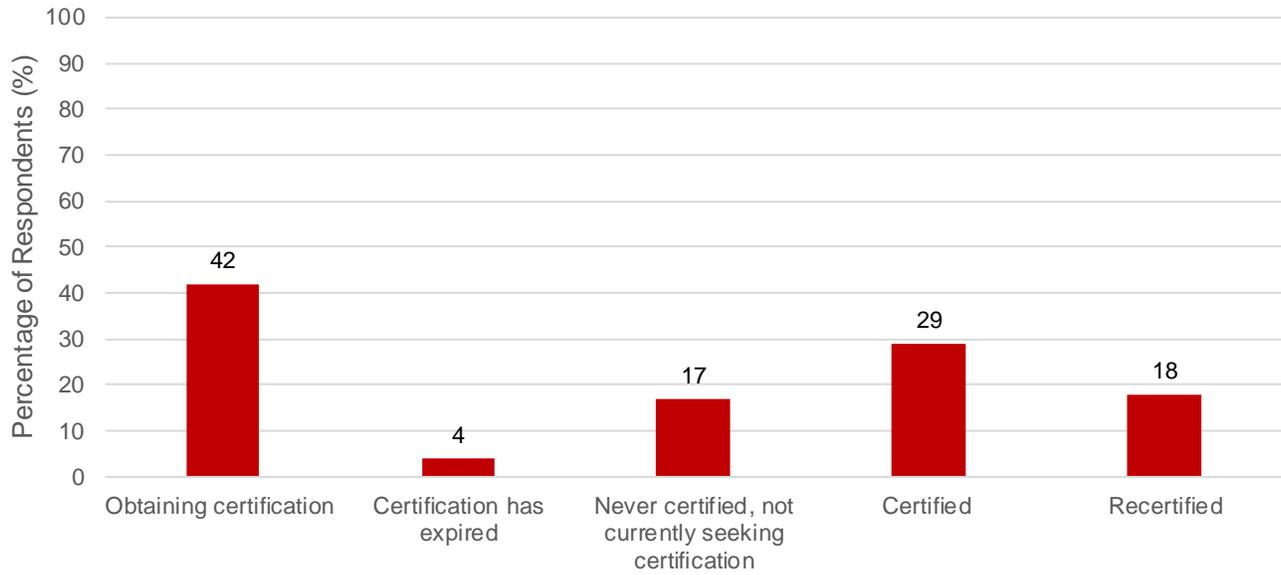
“I like seeing people progress in their own recovery knowing that I was helpful in assisting with this. It helps me with my own recovery. Keeps things fresh in my mind as to where I came from. I love seeing people moving forward in their recovery and gaining more independence and becoming happier in their lives”.

“Watching the participants I work with make connections, grow as an individual, see the advancements they are making personally and professionally”.

Credentialing

Respondents were asked a series of questions related to the Maryland Certified Peer Recovery Specialist credentialing process. The results for most items are presented in the graphs below; the themes identified for the open-ended items are also described. All respondents were asked about their certification status. Those who indicated that they were never certified (n=17) were automatically skipped from this section of the questionnaire and were not asked the more detailed certification questions.

Certification Status

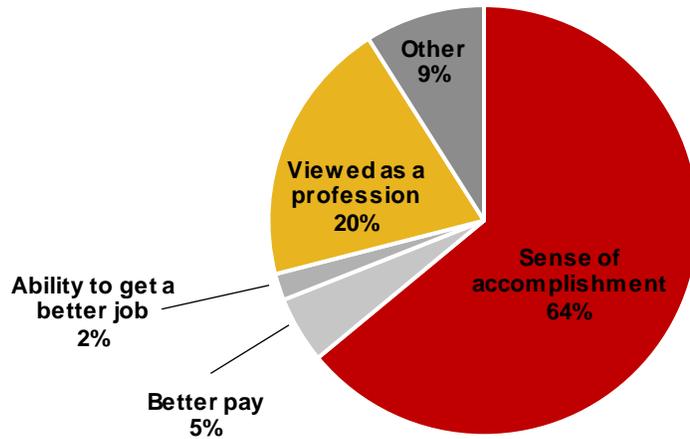


Respondents were also asked to provide their most recent year of certification or recertification; results are provided in the table below.

Year	Certified (N=69)* n (%)	Recertified (N=44)* n (%)
2000	N/A	1 (2.2%)
2013	3 (4.3%)	N/A
2014	N/A	N/A
2015	1 (1.4%)	N/A
2016	2 (2.8%)	1 (2.2%)
2017	2 (2.8%)	N/A
2018	3 (4.3%)	1 (2.2%)
2019	20 (28.9%)	7 (15.9%)
2020	29 (42.0%)	22 (50.0%)
2021	4 (5.7%)	10 (22.7%)

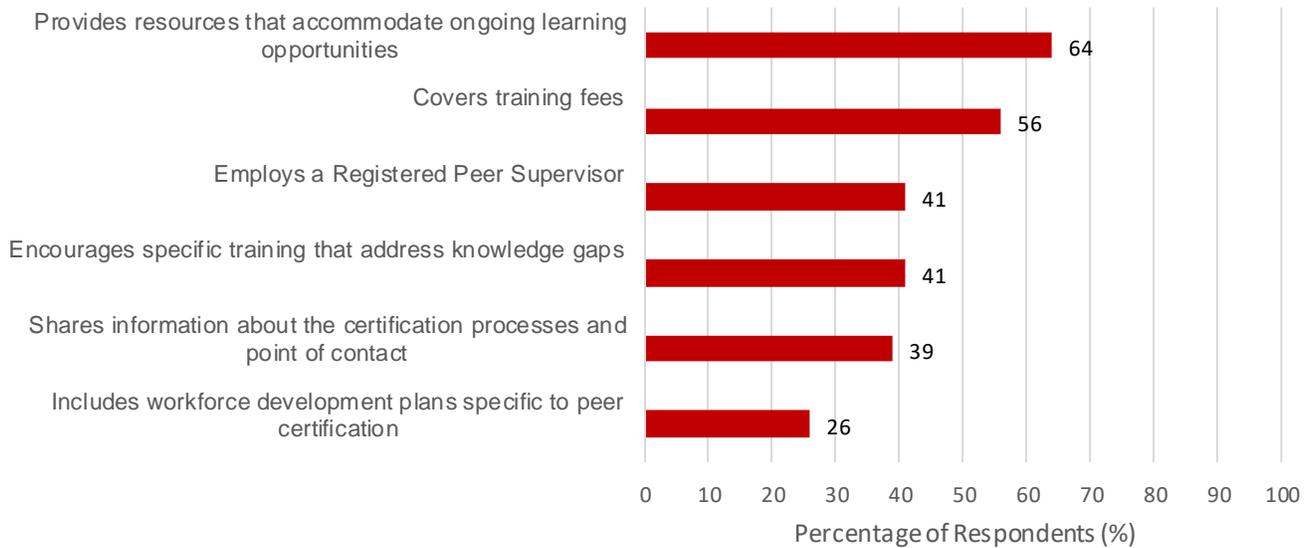
*Five certified respondents (7.2%) and two re-certified respondents (4.5%) did not provide valid responses to this item.

Most Beneficial: Maryland PRS Certification Process



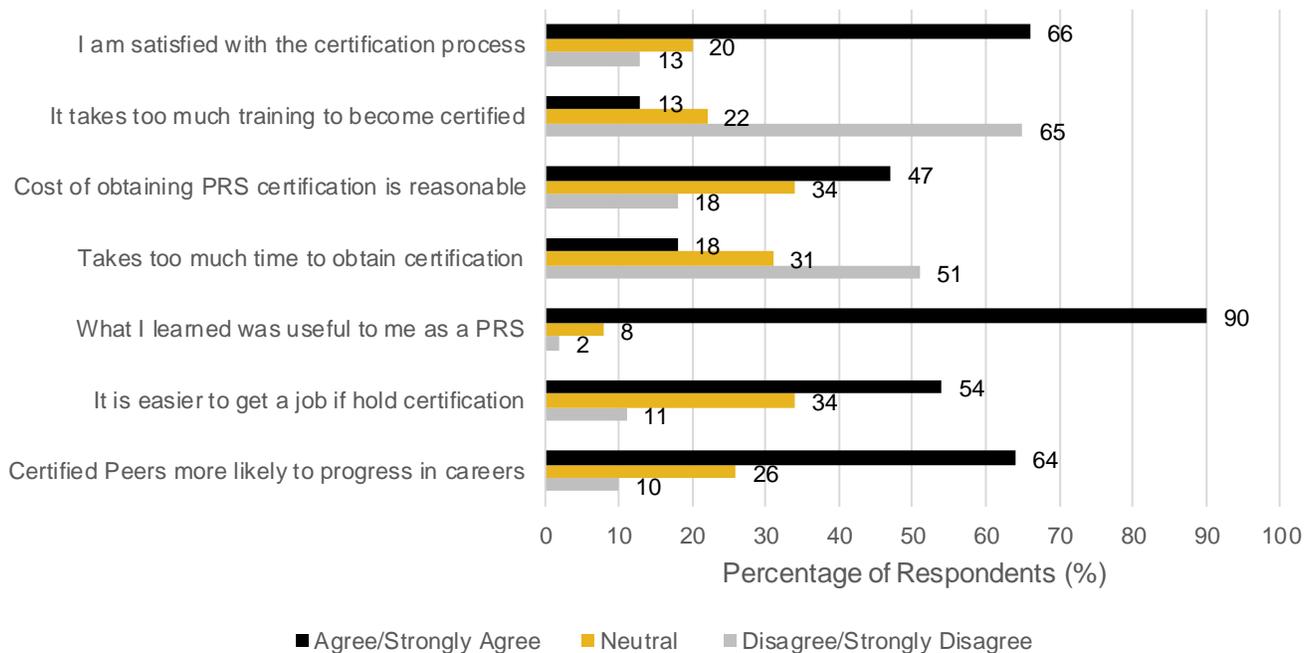
For those responding “Other,” six individuals reported “all of the above”, four mentioned training, and four offered negative comments on the certification process.

Employer Support for Certification



For those responding “Other,” three respondents offered positive comments and two offered negative comments on employer support to certification.

Opinions Regarding Maryland Certification Process

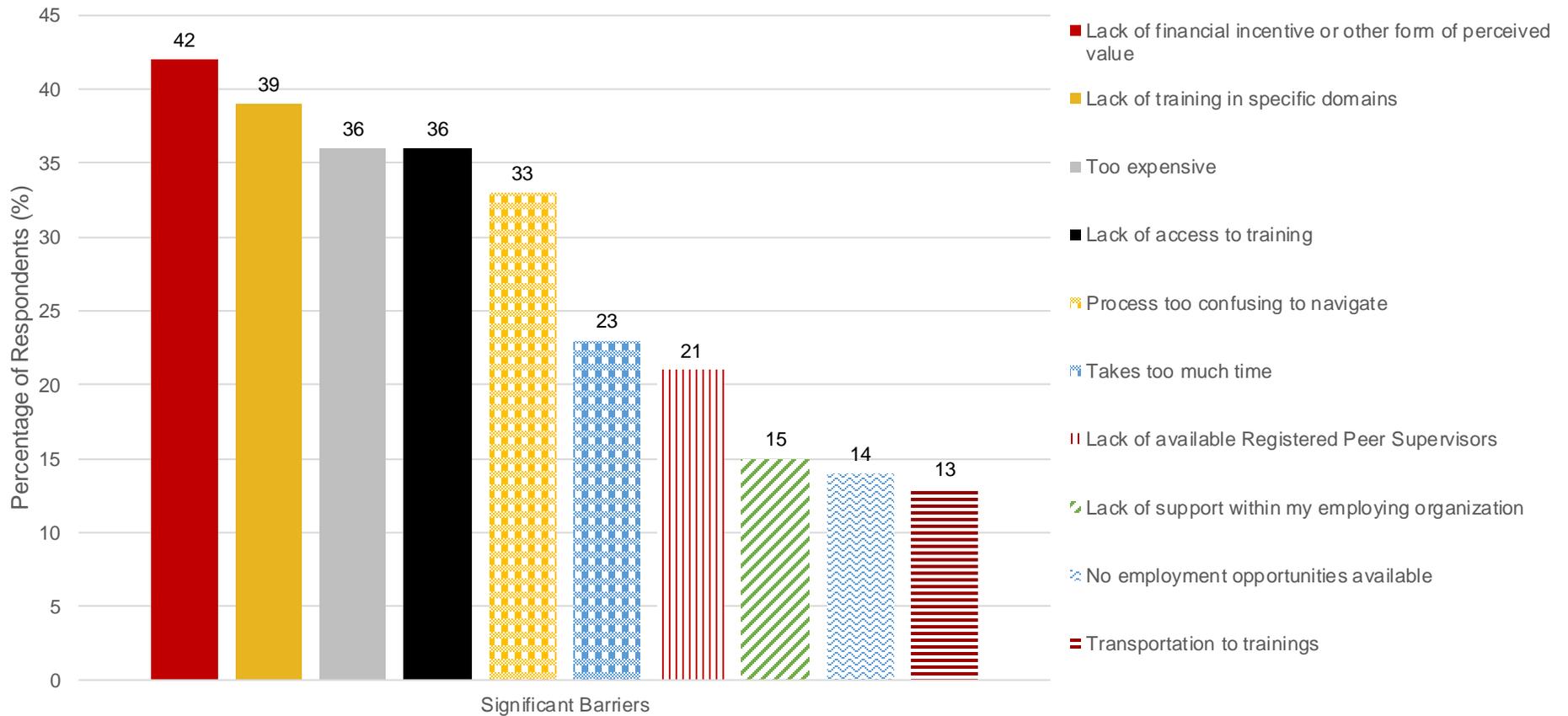


This section of the questionnaire asks respondents to agree or disagree with the statements along a Likert scale that includes Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), and Strongly Disagree (1). In addition to the frequencies presented in the above graph, descriptive statistics such as the range, mode, mean, and standard deviation are available for this item. The range is the lowest and highest values of the responses received for this item. The mode is the most frequent response. The mean is the average. The standard deviation describes the variability of the data or how close or far away the data is to the average of the group. This information is presented in the following table.

Questions	Range	Mode	Mean	Standard Deviation
I am satisfied with the certification process	1-5	4	3.7	1.0
It takes too much training to become certified	1-5	2	2.4	1.0
The cost of obtaining PRS certification is reasonable	1-5	4	3.4	1.0
It takes too much time to obtain certification	1-5	2	2.6	1.0
What I learned while obtaining certification has been useful to me as a Peer Recovery Specialist	1-5	5	4.4	0.8
It is easier to get a job if you hold certification	1-5	3	3.7	1.0
Peers who are certified are more likely to be able to progress in their careers	1-5	4	3.8	1.0

Respondents were given the opportunity to rank the top three barriers to achieve certification as a Maryland PRS. The following graph illustrates the combined percentages reported across the three items. For all the ranked options presented separately see Appendix H – Most Significant Barriers (this graph illustrates the most, second and third most significant barriers reported).

Most Significant Barriers to Certification [Combined]



Open-ended item related to certification process:

What changes would you make to the Maryland Peer Recovery Specialist certification process?

A total of 184 respondents answered this question. The most common themes identified in the responses are listed below, with the number of responses associated with each in parentheses. Information and description about all of the themes identified may be found in Appendix I – Suggested Changes to the Certification Process.

- Application processes (54)
- Education and training (48)
- Policies (38)

Several respondents suggested changes to the application process and communications related to the application. Primarily these were the need to establish an easier application process, to develop a handbook or videos that explain the application/certification process, and to create an online portal to upload materials and monitor application progress. Some mentioned the need for more timely responses time to emails and shorter waiting periods. Several respondents indicated the need for increased access to training resources (including free online classes), on the job training, and their organization’s approval for time to participate in or facilitate training sessions.

“I would like to see the cost of some training be decreased, I would change the amount of time a peer has to wait to retake the exam. I think 90 days is too long”.

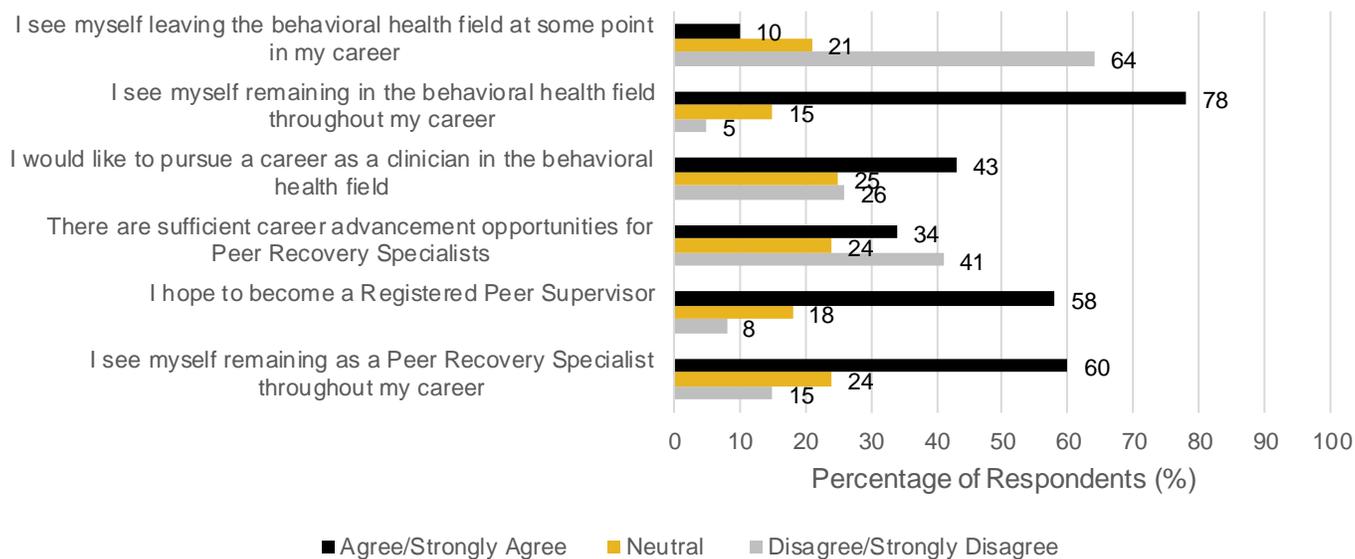
“Quicker response to emails & package review. More online classes offered. More specialized certifications offered, example: mental health, courts”.

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Career Development

Respondents were asked a series of questions related to career development. The results for most items are presented in the following graph; the themes identified for the open-ended items are also described.

Career Development



This section of the questionnaire asks respondents to agree or disagree with the statements along a Likert scale that includes Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), Strongly Disagree (1), and Not Applicable (0). Seventy-five respondents selected the option of Not Applicable. In addition to the frequencies presented in the above graph, descriptive statistics such as the range, mode, mean, and standard deviation are available for this item. The range is the lowest and highest values of the responses received for this item. The mode is the most frequent response. The mean is the average. The standard deviation describes the variability of the data or how close or far away the data is to the average of the group. This information is presented in the following table.

Questions	Range	Mode	Mean	Standard Deviation
I see myself <u>leaving</u> the behavioral health field at some point in my career	1-5	5	3.7	1.2
I see myself <u>remaining</u> in the behavioral health field throughout my career	1-5	5	4.0	1.1
I would like to pursue a career as a clinician in the behavioral health field	1-5	3	2.9	1.4
There are sufficient career advancement opportunities for Peer Recovery Specialists	1-5	5	3.3	1.3
I hope to become a Registered Peer Supervisor	1-5	5	4.2	1.0
I see myself remaining as a Peer Recovery Specialist throughout my career	1-5	1	2.1	1.1

Open-ended items related to career development:

If you were to consider leaving your job as a Peer Recovery Specialist, please list the two primary reasons.

Respondents logged 389 comments to this question. The most common themes identified in the responses are listed below, with the number of responses associated with each in parentheses. Information and description about all of the themes identified may be found in Appendix J - Primary Reasons for Leaving PRS Job.

- Compensation (119)
- Organizational environment (50)
- Take other job within BH (46)
- Advancement (40)

Low salaries and limited benefits were the main reasons that PRSs would consider leaving their jobs. Respondents reported that they do not make a living wage, are not compensated for their experience, or are offered benefits such as health care or paid time off. Several respondents commented that there is a lack of advancement opportunities or a career path for PRS. Some mentioned that they would leave the field due to the absence of institutional and supervisor support for their positions and/or a lack of knowledge and respect for the role of PRS. Several respondents informed that they would leave their PRS position for a different or higher position within the BH field.

“I love my job however I need better pay to provide for my daughter and me. I have completed my associate's and I am almost done my bachelors. I want to stay helping and working in this field but need to make more money. Even as a peer supervisor the pay still isn't amazing”.

“Too little pay (Arby's employees make more than me)”.

What do you need to help you pursue your future career goals?

A total of 186 respondents answered the question. The most common themes identified in the responses are listed below, with the number of responses associated with each in parentheses. Information and description about all of the themes identified may be found in Appendix K - Future Career Goals.

- Training (44)
- Advance Education (40)
- Compensation (27)
- Support (23)
- Nothing Needed (19)

Several respondents mentioned training as a factor to pursue future career goals. Commonly mentioned issues included access to training, training costs, availability of training in specific content areas, supervisor support to attend training, and guidance needed to identify the sessions/topics to take. The desire to obtain college degrees and certification was also mentioned by several respondents. Some respondents mentioned that community, institutional and supervisor support for their PRS roles would help them to pursue future career goals. Increased salary and benefits were also identified as a need in this area.

“Someone to sit down with me and let me know my options and what is needed to advance in this career.”

“More education. The time and tuition to obtain a degree.”

Additional Comments and Suggestions

At the end of the survey, respondents were asked, “Do you have any additional comments or suggestions about Peer Recovery Specialists in Maryland?”

A total of 159 respondents answered the question. The most common themes identified in the responses are listed below, with the number of responses associated with each in parentheses. Information and description about all of the themes identified may be found in Appendix L - Additional Comments.

- Compensation (21)
- Policies (19)

Several respondents indicated the need for better salaries and benefits. A common thread was that current PRS positions are low-waged and with few or no benefits. The respondents also mentioned the lack of a career path for their professional advancement. Numerous respondents expressed concerns about the certification/recertification processes, required education/trainings, billable services and oversight/accountability over organizations that use PRS.

“Pay should be increased for Peer Recovery Specialists. Great co-workers have left because the pay rate does not support the cost of living. It would be beneficial for trainings to be available to other departments, to help educate in regard to what Peer Recovery Specialist offer”.

“I love being a certified peer specialist. I want to advance and grow in this field. I am enthusiastic about participating in any useful and helpful manner; to increase awareness, promote wellness and encourage new information to be learned and taught”.

Discussion

The majority of the 285 respondents in this survey were Peer Recovery Specialists currently working for pay with more than two years of experience. Overall, respondents indicated that several aspects of their jobs were positive, but they also had significant areas of concern.

Survey respondents informed feeling supported and satisfied with their work as a PRS. Overwhelmingly, the ability to help other people drives their job satisfaction and they believe that their work benefits the individuals they assist. The majority of the respondents indicated that they have a positive work environment where they are respected, valued, and supported by their supervisors, colleagues, and organization. Results were more mixed for being included in the organizational decision-making process and non-peer colleagues' understanding of PRS work.

Having a knowledgeable and supportive supervisor was mentioned frequently as a positive impact on the workforce. Most of the respondents were satisfied with the amount of supervision they are provided. Helpful aspects of supervision reported by respondents were supportive supervisors, open lines of communication and timely supervision. It is also helpful to have a peer supervisor who is a Registered Peer Supervisor in order to meet credentialing requirements. In comparison, some of the respondents mentioned not receiving any consistent formal supervision. Other aspects missing from supervision were knowledge of the PRS roles, an understanding of the Recovery Model, and the supervisor's ability to provide clear guidance and professional advice.

All but a few respondents were in the process of obtaining Maryland CPRS credentialing, were already certified or recertified, or their certification had expired. About two thirds of respondents described being satisfied with the Maryland CPRS credentialing process. The majority of respondents indicated that a sense of accomplishment was the most beneficial aspect of the process. While almost all respondents agreed that what they learned during the credentialing process was useful in their work, a smaller majority believed that Certified Peers were more likely to progress in their careers. Opinions were somewhat mixed on whether the cost and time involved in obtaining certification were reasonable. The two more prevalent methods of employer support for certification were providing resources to accommodate ongoing learning and covering training fees. The most significant barriers to certification were a lack of financial incentive or other form of perceived value, lack of training in specific domains, the cost of credentialing, and lack of access to trainings. The lack of timely communication related to the application process was also mentioned by respondents.

A prominent theme across various survey items was a significant concern regarding the low level of salaries paid to PRSs and access to benefits (e.g. paid time off, health insurance). Respondents mentioned that they do not have enough compensation for what a certified position requires, nor does it reflect the high workplace demands of PRS. It was mentioned that the current PRS salary does not support the cost of living for an individual, much less a family. Similarly, the respondents mentioned the lack of a clear career progression for the PRS. Some reported a sense of stagnation and that there are not many professional advancement opportunities for a PRS.

Despite this, most respondents stated that they plan to remain as a PRS or stay within the behavioral health field. About half of the respondents expressed interest in becoming a Registered Peer Supervisor, and the about the same proportion would like to remain as a PRS for the rest of their career. Adequate compensation was the most frequent reason a PRS might consider leaving PRS work or the behavioral health field. When asked what they needed in order to pursue their future career goals, respondents mentioned access to training in specific domains, advanced education (e.g. college degrees, advanced certifications), and better compensation (livable salaries commensurate with experience, benefits).

Although this survey provided a wealth of information regarding the Maryland PRS workforce, there are several limitations that should be taking into consideration when interpreting or using the results. A convenience

sample was used (those willing to participate) rather than selection of a scientific sample. Because it is not known how many PRS are in Maryland, it cannot be determined if a substantial portion of the PRS workforce participated. The main recruitment efforts were directed to the organizations that are currently employing or had volunteer in their ranks; therefore many who have already left the field may not have known about the survey. For these reasons, it is not clear if the current results are truly representative of the current PRS workforce and additionally may not closely reflect the opinions of those who have already left their positions or the behavioral health field all together.

Other factors that limit the interpretation of the results is that survey did not capture the work setting of respondents (e.g. Emergency Departments, Wellness and Recovery Centers) or their geographic location (i.e., jurisdiction). PRS perspectives may differ across different settings and geographic locations.

Suggestions

Based on the data these are some possible next steps that could be taken:

Process and Policies:

- Review the application processes and consider methods to improve the application processes (e.g. submission, tracking), including methods of responding more quickly to inquiries.
- Administer the certification test more frequently and/or closer to the training dates.
- Consider online testing.
- Advocate for increased funding for PRS positions. Develop compensation standards and employee benefits plans (e.g. paid leave, health care insurance).
- Establish a career path for PRS. Provide mentorship and guidance to foster career goals.

Training:

- Learn more about what current PRSs see as their training needs, including domain areas.
- Explore how trainings sessions and availability are communicated. Determine how trainees are obtaining the information and develop additional methods to disseminate this information to a broader audience.
- Explore the timeliness of the trainings sessions as they relate to the credentialing process and credentialing exams.
- Provide options for online training, if such an approach is consistent with and allowable with the credentialing requirements. Identify if there are particular training topics/sessions that might be feasible to implement using such an approach.
- Establish and advertise training grants and scholarships.

Further Research:

- Perform additional statistical analysis on the available data, such as comparing the results of those who are certified vs. those who are in training, or other more in-depth analyses.

- Review the qualitative data collected to determine if respondents made any specific actionable recommendations.
- Conduct further projects to determine the number of certified and non-certified PRSs in Maryland, their professional settings, geographical location, the primary population they serve, and other characteristics that may be of interest.

Appendix A - Questionnaire Development and Project Methods

Questionnaire Development

The SEC, BHA, and the University of Maryland Baltimore Training Center closely collaborated throughout the development of the questionnaire. As a first step, the SEC conducted a literature review of peer-reviewed journals to identify potential survey instruments related to the evaluation questions to be addressed. After identifying several potential instruments for use and comparing them along several characteristics, the data collection tool selected by the Workgroup was one developed by Dr. Lauren Clossey and colleagues, "Predicting Job Satisfaction of Mental Health Peer Support Workers Experiences of Barriers and Facilitators" (Clossey et al., 2019; Clossey et al., 2018). The SEC approached Dr. Clossey to obtain permission to use this instrument and to also make a few minor changes in the instrument's language to reflect Maryland terminology and system culture.

Although the Clossey instrument included 24 items of interest to the Workgroup, it did not include everything needed to fully address the evaluation questions. Therefore, further items were developed by the SEC in consultation with the Workgroup, SEC previous projects and consultation with SAMHSA administrators. Finally consultation on survey content, format, length, and clarity was sought from a few current Peer Recovery Specialists. The final version of the instrument therefore integrated the input and expertise of several different stakeholders.

This effort yielded a 62-item instrument designed to address the evaluation questions. The questionnaire included both closed and open-ended questions. The closed items included predetermined response options in the form of Likert, multiple choice, and ranking items. The opened ended items were open-ended, brief answer items. Questionnaire sections included Background Information and perceptions and opinions regarding Current Working Environment. Supervision, Job Satisfaction, Credentialing, and Career Development.

Methods

Participant Recruitment

The target population for this survey were PRS in the Maryland Behavioral Health System. Eligibility criteria included having worked or volunteered as a PRS (either currently or within the last five years). Those currently in training were not eligible. A total of 480 individuals responded to the survey. Of these, 131 were not eligible and 64 did not provide useable data (i.e., did not answer at least 10 of the 62 questions). This provided 285 questionnaires for analysis. It is not possible to calculate an overall response rate for the project because the total number of eligible respondents in Maryland is unknown.

Because there is no direct way to contact every PRS in Maryland, recruitment was achieved through outreach to a variety of entities within the Maryland Public Behavioral Health System. The primary mode of recruitment was through the BHA's Office of Consumer Affairs listserv and outreach efforts by BHA administrators to a variety of entities and programs to encourage dissemination of the survey invitation. These included:

- Maryland Association of Behavioral Health Authorities (MABHA)
- Maryland Coalition of Families
- National Council on Alcoholism and Drug Dependence of MD (NCADD)

- National Alliance on Mental Illness Maryland
- On Our Own of Maryland, Inc.
- University of Maryland Excellence in Gambling
- Maryland Opioid Operational Command Center

These entities were contacted by email with the request to help disseminate the survey to the PRS working or volunteering in their organizations and to forward the survey invitation to any vendors who have PRS. After the survey was open for two weeks, the entities were contacted again to send email reminders about the survey.

Data Collection

To implement data collection, the online platform SurveyMonkey was used. The survey included an introduction to the survey, a Disclosure Statement with the elements of informed consent, and the data collection instrument itself. Once the respondent read the introduction and Disclosure Statement and agreed to participate, a screening question determined eligibility. Those that met criteria were granted access to the survey. Data collection lasted ten weeks.

Incentives

Respondents were given the opportunity to enter a drawing for one of six professional binders (value approximately \$40). Upon completion of the online survey, respondents were directed to a separate page from the survey to enter into the drawing. Once data collection was completed, SEC personnel randomly selected the winners of the drawing. The winners were contacted to procure mailing information and the binders were sent to them via a trackable mailing service (Fed Ex, UPS, etc.).

References

Clossey, L., Hu, C., Gillen, J., Rosky, J., Zinn, M., & Bolger, K. (2019). Exploratory factor analysis of peer support workers job obstacles and barriers survey (PSWJOBS). *Social Work in Mental Health*, 17 (4), 449-461.

Clossey, L., Hu, C., Solomon, P., Gillen, J., & Zinn, M. (2018). Predicting job satisfaction of mental health peer support workers (PSWs). *Social Work in Mental Health*, 16, (6), 682-695.

Appendix B - Questionnaire

I. Screening Question

1. Please choose the option that best describes your current status as a Peer Recovery Specialist. Please read ALL options before selecting your response.

- Currently a Peer Recovery Specialist (goes to 1a)
- Peer Recovery Specialist within the last 5 years but not currently (goes to 1b)
- Currently in training to become a Peer Recovery Specialist [ineligible]
- Never worked or volunteered as a Peer Recovery Specialist [ineligible]

1a. Are you currently working for pay or volunteering as a Peer Recovery Specialist?

- Working for pay
- Volunteering (not paid)

1b. When you were a Peer Recovery Specialist, were you working for pay or volunteering?

- Working for pay
- Volunteering (not paid)

[NOTE: Ineligible individuals will receive a message such as “Thank you for your time; only those who have worked or volunteered as a Peer Recovery Specialist within the past five years are eligible to complete the survey.”]

[SURVEY]

II. Background Information

2. How long have you provided supports as a Peer Recovery Specialist in your current position?

- Not applicable; not currently working as a Peer Recovery Specialist
- Less than 1 year
- 1 to 2 years
- Two years or more

3. How long have you provided supports as a Peer Recovery Specialist in any position (including this one)?

- Less than 1 year
- 1 to 2 years
- Two years or more

III. Current Working Environment

Please choose the response option that best describes each of the following statements.

	Never	Rarely	Sometimes	Often	Always
4. My supervisor respects me as a colleague.	<input type="checkbox"/>				
5. My supervisor treats me as a client rather than a respected colleague.	<input type="checkbox"/>				
6. My supervisor offers useful feedback that helps me provide the best services to the individuals that we assist.	<input type="checkbox"/>				
7. My work as a Peer Recovery Specialist is promoted & valued by my employing organization.	<input type="checkbox"/>				
8. My employing organization often treats me like a client rather than a colleague.	<input type="checkbox"/>				
9. I feel that my employing organization provides me with the support I need to maintain my own recovery.	<input type="checkbox"/>				
10. My employing organization values the contribution of Peer Recovery Specialists.	<input type="checkbox"/>				
11. The non-peer professionals (such as psychiatrists, social workers, etc.) that I collaborate with on behalf of the individuals that we assist are supportive of my work.	<input type="checkbox"/>				
12. My work as a Peer Recovery Specialist is valued by the non-peer professionals (such as psychiatrists, social workers, etc.) with whom I collaborate.	<input type="checkbox"/>				
13. I feel that the non-peer professionals (such as psychiatrists, social workers, etc.) I work with do not understand the certified peer or peer support work.	<input type="checkbox"/>				
14. I feel that the non-peer professionals (such as psychiatrists, social workers, etc.) I work with value the work of certified peer or peer support workers.	<input type="checkbox"/>				
15. The non-peer professionals (such as psychiatrists, social workers, etc.) that I am supposed to collaborate with treat me like a client rather than a colleague.	<input type="checkbox"/>				

	Never	Rarely	Sometimes	Often	Always
16. The individuals assigned to me have difficulties with perceiving me as a trained specialist.	<input type="checkbox"/>				
17. The individuals assigned to me have difficulties with trusting that I am on their side.	<input type="checkbox"/>				
18. My skills as a Peer Recovery Specialist have benefited the individuals I assist.	<input type="checkbox"/>				
19. The number of individuals that I assist is too large for me to be effective.	<input type="checkbox"/>				
20. I feel supported at work.	<input type="checkbox"/>				
21. I am included in treatment decisions about the individuals that we assist.	<input type="checkbox"/>				
22. I am included in organizational decisions such as hiring, resources, services, etc.	<input type="checkbox"/>				
23. I have been asked to refrain from discussing the recovery model with the individuals that we assist.	<input type="checkbox"/>				
24. I have been asked to refrain from discussing medication issues with the individuals that we assist.	<input type="checkbox"/>				
25. My organization has rules and regulations that prevent me from doing work that is helpful to the individuals I assist.	<input type="checkbox"/>				
26. I feel my organization provides me opportunities for growth such as workshops and trainings.	<input type="checkbox"/>				
27. My work as a Peer Recovery Specialist negatively impacts my own recovery.	<input type="checkbox"/>				

Supervision

28. Is your supervisor a Registered Peer Supervisor?

- Yes
- No
- I don't know

29. Is your supervisor a person with lived experience?

- Yes
- No
- I don't know

30. My supervisor is:

- Nurse
- Social Worker
- Counselor
- Psychologist
- Other (please specify) _____
- I don't know

Please indicate the extent to which you agree or disagree with the following statements regarding Peer Recovery Specialist supervision:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
31. Overall, I am satisfied with the amount of supervision I currently receive.	<input type="checkbox"/>					
32. My supervisor understands the role of a Peer Recovery Specialist.	<input type="checkbox"/>					
33. It is important that anyone supervising Peer Recovery Specialists be Registered Peer Supervisors.	<input type="checkbox"/>					
34. It is important that Peer Recovery Specialist Supervisors be Peers themselves.	<input type="checkbox"/>					

35. What does your current supervisor do that is helpful? (open-ended)

36. Is there anything that you are not getting in your supervision that you need? If so, please describe: (open-ended)

Job Satisfaction

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
37. Overall, I am satisfied with my job as a Peer Recovery Specialist.	<input type="checkbox"/>					
38. I am satisfied with my salary as a Peer Recovery Specialist.	<input type="checkbox"/>					
39. I experience compassion fatigue or burnout from my job as a Peer Recovery Specialist.	<input type="checkbox"/>					
40. The general public respects my role or position as a Peer Recovery Specialist.	<input type="checkbox"/>					

41. What do you like best about being a Peer Recovery Specialist? (open-ended)

Credentialing

42. What is your current status as a Maryland Certified Peer Recovery Specialist?

(Please read all possible responses before choosing an answer).

- Certified (Date of Original Certification: yyyy)
- Recertified (Date of last recertification: yyyy)
- Certification has expired
- Obtaining certification (in process)
- Never certified, not currently seeking certification (*respondent skips to Question 54*)

43. Please indicate what is most beneficial about the Maryland Peer Recovery Specialist certification process:

- Sense of personal/professional accomplishment
- Better Pay
- Ability to get a better job
- Viewed as a profession
- Other (please specify) _____

44. How does your employer support Peer Recovery Specialists who are in the process of obtaining certification? (choose all that apply)

- Provides resources that accommodate ongoing learning opportunities (e.g., in house training, allow paid time off for training)
- Covers training fees
- Employs a Registered Peer Supervisor
- Shares information about the certification processes and points of contact
- Encourages specific training that address knowledge gaps
- Includes workforce development plans specific to peer certification in review and employee development plans
- None
- Other (please specify) _____

Please indicate the extent to which you agree or disagree with the following statements regarding Peer Recovery Specialist certification in Maryland:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
45. I am satisfied with the certification process.	<input type="checkbox"/>					
46. It takes too much training to become certified.	<input type="checkbox"/>					
47. The cost of obtaining PRS certification is reasonable.	<input type="checkbox"/>					
48. It takes too much time to obtain certification.	<input type="checkbox"/>					
49. What I learned while obtaining certification has been useful to me as a Peer Recovery Specialist.	<input type="checkbox"/>					
50. It is easier to get a job if you hold certification.	<input type="checkbox"/>					
51. Peers who are certified are more likely to be able to progress in their careers.	<input type="checkbox"/>					

52. What are the most significant barriers to certification as a Maryland Peer Recovery Specialist? Please indicate the most significant barrier, the second most significant barrier, and the third most significant barrier (choose one for each row in the table).

	Lack of training in specific domains	Lack of access to training	Transportation to trainings	Too expensive	Takes too much time	Lack of financial incentive or other form of perceived value	Process too confusing to navigate	Lack of support within my organization	Lack of available Registered Peer Supervisors	No employment opportunities available	Other*
Most significant barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second most significant barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third most significant barrier	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Other specify	<input type="text"/>										

53. What changes would you make to the Maryland Peer Recovery Specialist certification process? (open-ended)

Career Development

Please indicate the extent to which you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
54. I see myself remaining as a Peer Recovery Specialist throughout my career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. I hope to become a Registered Peer Supervisor.	<input type="checkbox"/>					
56. There are sufficient career advancement opportunities for Peer Recovery Specialists.	<input type="checkbox"/>					
57. I would like to pursue a career as a clinician in the behavioral health field.	<input type="checkbox"/>					
58. I see myself <u>remaining</u> in the behavioral health field throughout my career.	<input type="checkbox"/>					
59. I see myself <u>leaving</u> the behavioral health field at some point in my career.	<input type="checkbox"/>					

60. If you were to consider leaving your job as a Peer Recovery Specialist, please list the two primary reasons (open-ended)
[two limited text fields]

61. What do you need to help you pursue your future career goals? (open-ended)

62. Do you have any additional comments or suggestions about Peer Recovery Specialists in Maryland? (open-ended)

Thank you for completing this important survey!

[SUBMIT BUTTON]

Appendix C - Disclosure Statement

Please review the following information about the project prior to completing the survey:

- You have been invited to participate because you are working or volunteering as a Peer Recovery Specialist in Maryland or have done so within the past five years.
- This project is being conducted for the Maryland Behavioral Health Administration (BHA) by the University of Maryland Baltimore Systems Evaluation Center.
- The results will be used to develop strategies to enhance the professional development of Peer Recovery Specialists.
- Participating involves participating in a 15-minute online survey about your job as a Peer Recovery Specialist such as work environment, supervision, job satisfaction, credentialing, and career development.
- Your participation is voluntary.
- Your decision to participate or not to participate will not affect your current or future employment.
- Your participation is confidential and anonymous. We will not identify individual participant comments in our reports.
- You can choose not to answer any of the questions in the survey and you can leave the survey at any time.
- The risk to participating is that you may feel uncomfortable with some of the questions. If this occurs, you are free to skip the question or stop participating in the survey.
- Respondents who complete the survey will have the opportunity to enter into a drawing to win a professional portfolio (document organizer; estimated value \$40). A total of six portfolios will be given away. Those whose names are not selected will receive no direct compensation for participating.
- The indirect benefit to participating is that the information will be used to develop strategies designed to enhance the professional development of Peer Recovery Specialists.
- There are no right or wrong answers - we are interested in your opinions.

If you have questions about this project, please contact:

Alejandro Ortiz, PhD

Lead Clinical Research Specialist

Systems Evaluation Center, University of Maryland Baltimore

aortiz@som.umaryland.edu

If you have questions about your rights as an evaluation participant, you may contact:

Ms. Gay Hutchen

IRB Administrator

Maryland Department of Health Institutional Review Board

201 W. Preston Street

Baltimore, MD 21201

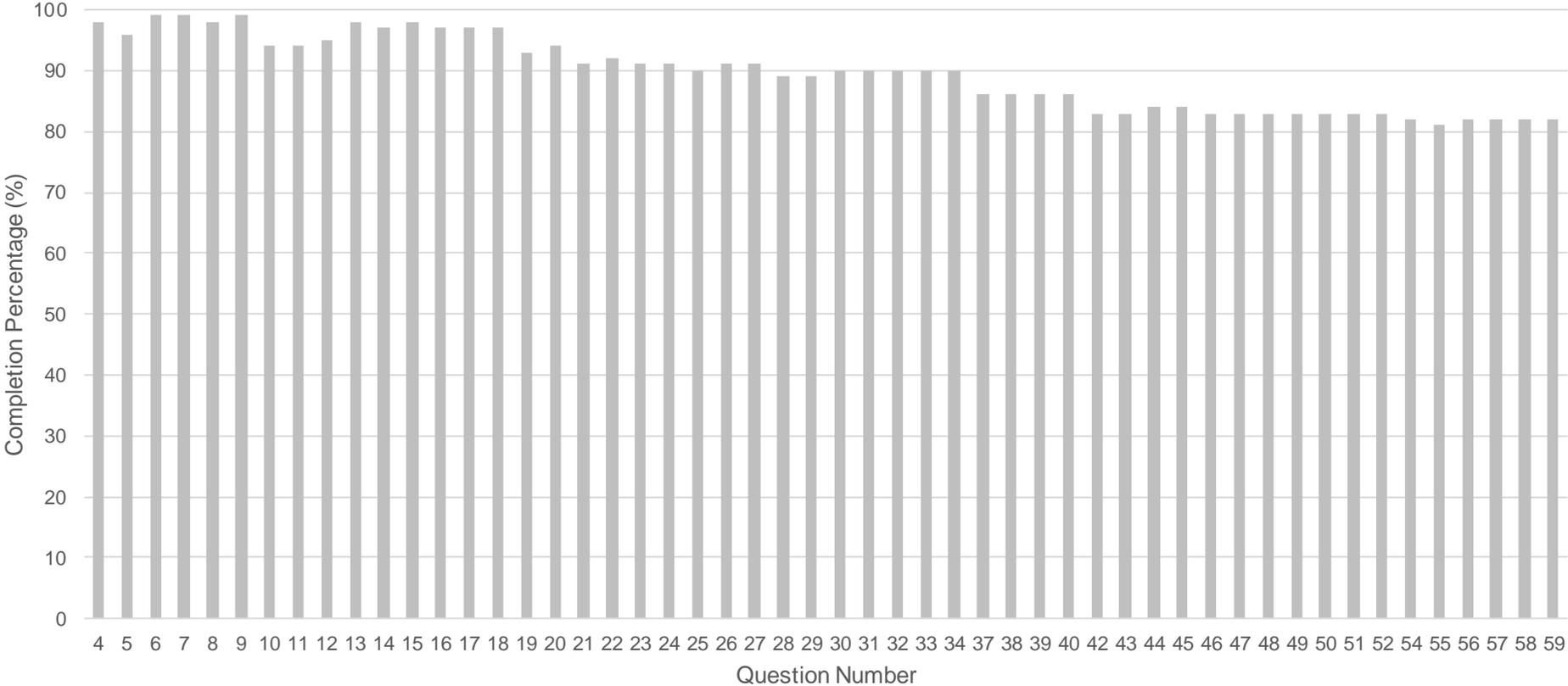
gay.hutchen@maryland.gov

Clicking in the box below indicates that you have read the information above and that you voluntarily agree to participate in this survey.

If you agree to participate in this survey, please click below:

[SUBMIT BUTTON]

Appendix D - Completion Percentage by Individual Question*



*Does not include open-ended items.

Appendix E - Helpful Supervision

What does your current supervisor do that is helpful?

Theme	Description	Times Mentioned
Support	Provides supports and assistance, helps with troubleshooting, consultation with clinical-work or work-related information.	80
Communication	Open lines of communication with PRS or is responsive.	57
Education	Provides training resources, on the work training, roleplays, approves or facilitates training sessions, feedback, or work guidance.	37
Mentorship	Provides growth opportunities, motivation, encouragement, recognition, or effective supervision.	36
Care	Allows/understands selfcare, performs wellness checks, prevents overwork/burnout, supports recovery or allows for time off.	27
Trust	Allows the PRS to perform duties, does not micromanage, trusts the training and professionalism of the PRS or collaborates with the PRS.	26
Meet	Performs debriefings or group, team or individual meetings.	22
Respect	Shows personal/professional respect or value for the PRS.	15
Nothing/Negative	The supervisor is not helpful, lack of time or commitment, demonstrates conflicting roles/duties, or no clear supervising.	14
Other	Response did not fit with other themes or it is not clear.	10
Understanding	Understand PRS role or BH/MH specific issues with the PRS role.	7
Not applicable	Respondent wrote "Not Applicable".	6
Works directly with clients	The supervisor works directly with clients/patients.	6
Advocacy	Advocates for the PRS role, resources, position, benefits, etc.	5
Excluded	The information provided was nonsensical.	2

Appendix F - Supervision Needs

Is there anything that you are not getting in your supervision that you need?

Theme	Description	Times Mentioned
Nothing needed	Indication that receiving adequate supervision or nothing more is needed.	80
Inadequate supervision	Negative comment on supervision, lacks or is receiving inadequate supervision, unskilled/unknowledgeable supervisor or desires peer supervisor.	28
Not applicable	Respondent wrote "Not Applicable".	26
Knowledgeable and clear supervision	Supervisor shows knowledge/understanding of PRS and recovery model. Provides guidance. Supervisor shows knowledge and experience of the BH/MH field.	21
Education	Training resources, on the job training, roleplays, approval for attendance or facilitation of training sessions, feedback, workplace soft skills. Access to CEUs and training on specific domains.	16
Other	Response does not fit one of the other themes or is unclear.	15
Meet	Performs debriefings or holds group, team or individual meetings.	8
Selfcare	Selfcare support or time for selfcare. Provides accommodations to facilitate work/life balance.	7
Support	Assistance on administrative issues or general support.	7
Workload	Effective case load and work responsibilities management.	7
General comment	Respondent made a non-specific comment.	6
Compensation	Salary and various benefits.	5
Trust and respect	For supervision to demonstrate trust and respect for the PRS. Boundaries.	4
Excluded	The information provided was nonsensical.	2

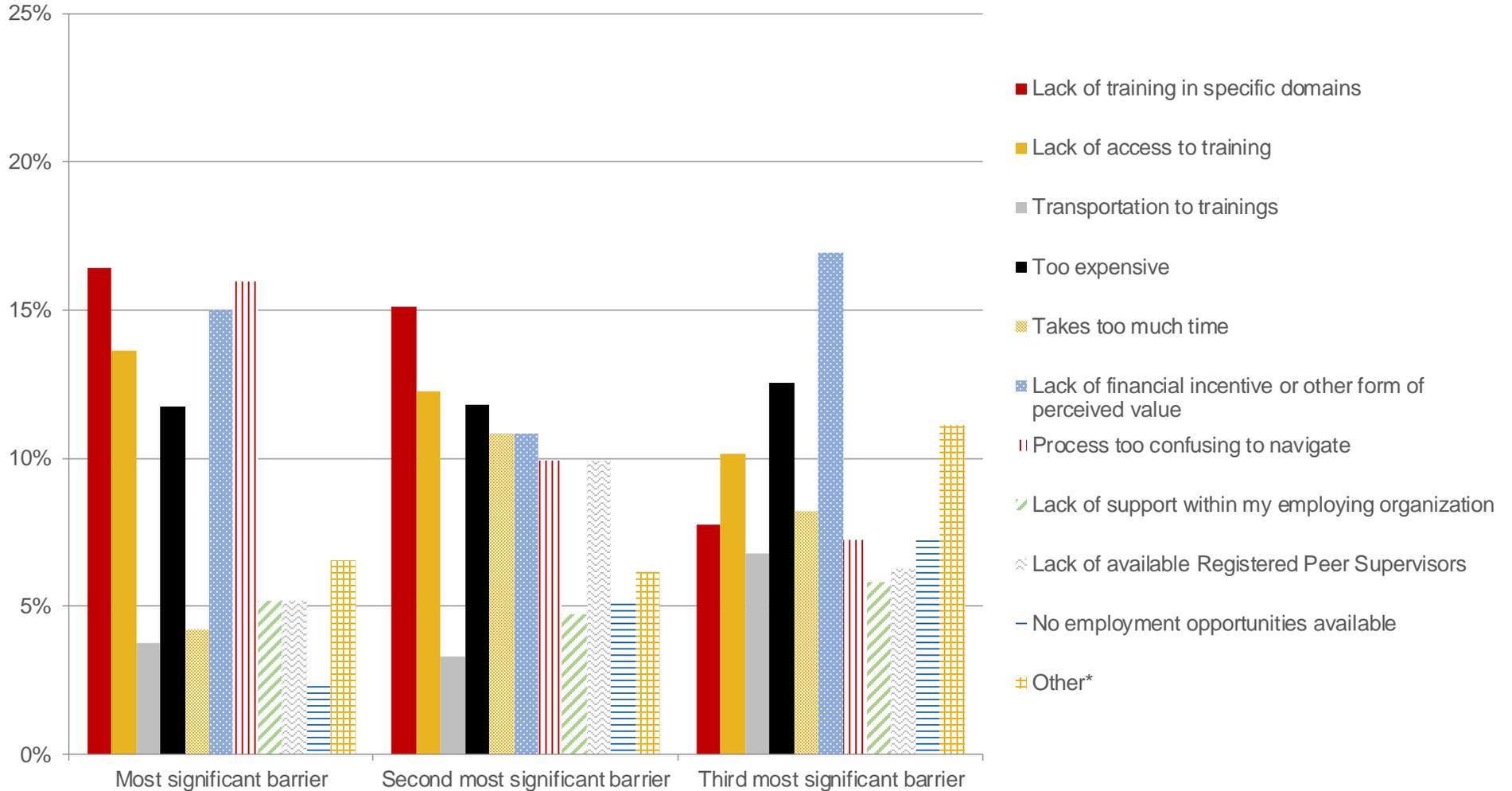
Appendix G - What Like Best About Being a Peer Recovery Specialist

What do you like best about being a Peer Recovery Specialist?

Theme	Description	Times Mentioned
Like helping others	Providing helps or support. Improving/contributing to society or community.	108
Serve as example	Using lived experiences to serve as an example for recovery.	39
Provide hope	Providing hope, understanding, caring or compassion.	32
Witness success	Being able to watch others improve in recovery or seeing success stories.	28
Community and personal connection	Interacting with people and helping people in recovery.	25
Offer assistance	Applying knowledge to help navigate systems of care or administrative process.	22
General positive comment	Respondent made a general positive comment.	19
Give back	Providing opportunity to give back to the community.	15
Advocacy	Advocating for peers, programs, or recovery. Foster change.	13
Personal growth	Has a sense of achievement.	13
Other	Response does not fit with one of the other themes or is unclear.	8
The people we help	Population served.	7
Helps own recovery	PRS position helps the PRS's own recovery.	5
Excluded	The information provided was nonsensical.	2

Appendix H - Most Significant Barriers to Certification

Most Significant Barriers to Certification



Of those who responded “Other,” five stated there were institutional barriers, two reported issues related to the Board, and two mentioned mentorship. Three respondents reported no barriers to certification.

Appendix I - Suggested Changes to the Certification Process

What changes would you make to the Maryland Peer Recovery Specialist certification process?

Theme	Description	Times Mentioned
Application processes	Application process. Communications related to application.	54
Education	More training classes, ability to get more CEUs, changes to time or content, cost of training,	48
Policies	Requirements and submission certification/recertification and policies related to PRS role.	38
No changes	Respondents specifically stated that no changes were needed.	34
Cost	Application fees or training costs.	18
Other	Response does not fit with one of the other themes or is unclear.	18
Technology	Submission website organization or content, electronic applications submissions or email traffic.	13
The Board	Issues related to the Maryland Addictions Board of Professionals.	13
The Board: communication	Specific mention of communication with the Board - obtaining information, application status or response time.	10
Not applicable	Respondent wrote "Not Applicable".	10
Other supports	Transportation, mentorship or tutoring.	6
Supervision	Supervisor-related comments or supervised hours.	6
Focus	Certification emphasis on different service areas.	3
Excluded	The information provided was nonsensical.	2
Other administrative issues	Obtaining documentation for the certification process.	1

Appendix J - Primary Reason for Leaving PRS Job

If you were to consider leaving your job as a Peer Recovery Specialist, please list the two primary reasons.

Theme	Description	Times Mentioned
Compensation	Salary and various benefits.	119
Organizational environment	Absence of organizational support, lack of understanding of PRS or resources.	50
Take other job within BH	To take other/higher position within BH field.	46
Advancement	Lack of advancement opportunities/opportunity	40
Other	Response is unclear, did not address the question, or not sure what it means.	38
Health concerns	Burnout, MH or physical health impacted, or recovery affected.	35
Lack of respect	Lack of respect from patients, community, supervisors, colleagues and other peers.	24
Take other job (not specified)	To take other or better job, but not specified if within BH or not.	16
Not applicable	Respondent inputted "Not Applicable".	14
Retirement	Individual indicates retirement.	10
Location	Relocation, transportation, or commute, or geographic.	8
None	Respondents reported "No" or "None".	7
Leaving the BH field	Going to different field outside of BH (specifically stated)	5
Policies	Regulations, need for audits, Covid19 or, certification/recertification.	5
Excluded	The information provided was nonsensical.	2

Appendix K - Future Career Goals

What do you need to help you pursue your future career goals?

Theme	Description	Times Mentioned
Training	Access to trainings and CEUs, need for specific domains or internships.	44
Education	Advanced education, college degree, or additional types of certification.	40
Compensation	Salaries and benefits	27
Support	Time or mention of support (not related to funding).	23
Nothing needed	No need stated.	19
Advancement opportunities	Positions for professional advancement.	17
Cost and resources	Funding, cost and needed resources.	15
Other	Response did not fit with the other themes or is unclear.	15
Mentorship	Guidance, navigator, or peer/colleague support. Mutual support. Networking within the field.	12
Policies	Regulations, need for audits, or policies related to certification/recertification.	10
Certification	Need to complete or maintain certification as a PRS.	
Not applicable	Respondent wrote "Not Applicable".	7
Supervision	Effective Supervision or RPS.	7

Appendix L - Additional Comments

Do you have any additional comments or suggestions about Peer Recovery Specialists in Maryland?

Theme	Description	Times Mentioned
General positive comment	Respondent made a non-specific positive comment.	22
Compensation	Salary and benefits.	21
Other	Response does not fit with other themes or is unclear.	21
Policies	Regulations, policies.	19
Not applicable	Respondent wrote "Not Applicable".	14
Education	Access to trainings and CEUs, need for specific domains or internships.	12
Advancement	Professional/career path.	10
Respect	Personal or professional recognition. Feeling valued.	9
Selfcare	Selfcare support. Time for selfcare. Other accommodations to facilitate work/life balance.	4
Resources	Professional workplace resources or space.	2
Personal growth	Facilitate for peers to become family members, homeowners, and positive members of the community.	1
Professionalism	Professional attitude or demeanor	1